

MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE
January 12, 2006

Present: Jere Annis, Carl Britton-Watkins, Terry Burgess, Zack Commander, Matthew Elliott, Kathleen Herr, Ron Huber, Ron Kendrick, Ed Masters, Doug Michaels, Ellen Perry, Barbara Richards and Bev Stone.

Absent: Pete Clary and Amelia Thorpe.

DMH/DD/SAS Staff Present: Rebecca Carrina, Steve Hairston, Cathy Kocian, Chris Phillips, Ann Remington, Jesse Sowa and Leza Wainwright.

Guests: Ellen Boahn, Carolyn Privott, Gerri Smith and Bob Stone.

1. Welcome and Introductions

- ◆ The meeting was called to order at 9:30 A.M.
- ◆ The Chair opened the meeting and welcomed the attendees. Code of Conduct rules were reviewed.
- ◆ New SCFAC members, Matthew Elliott and Bev Stone, were congratulated on their recent appointment to the SCFAC.

2. Approval of Agenda and Minutes

- ◆ The meeting agenda was approved with changes/additions.
- ◆ The December 2005 minutes were reviewed and approved with changes.

3. Congressional Responses

- ◆ The SCFAC voted in favor of sending thank-you letters to those North Carolina Senators and State Representatives who assisted with the process of getting the Enhanced Service Definitions approved by CMS. Letters of appreciation were also sent to Secretary Carmen Hooker-Odom and Division Director Mike Moseley.

4. Division of MH/DD/SAS External Advisory Team

- ◆ The Division has established a team of stakeholders to meet at least quarterly to provide a regular, recurring forum to discuss and provide input on policy matters related to transformation and operation of the public mental health, developmental disabilities and substance abuse services system in NC. There will be a total of seventeen members serving on this committee and the Division is seeking two SCFAC members to sit on the advisory team.
- ◆ Members who serve by virtue of their position will serve for as long as they are employed by or appointed to the designated position. Members representing the sub-coalitions will be appointed to one-year terms by their respective organizations and may serve for no more than two consecutive years. The SCFAC, NC Council, and County Commissioners Association may establish their own plan for membership rotation.

5. Supportive Employment

- ◆ The Division of MH/DD/SAS and the Division of Vocational Rehabilitation Services are trying to work together collaboratively to ensure that consumers

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receive the needed support services in order to reach desired employment outcomes or other community options of their choosing.

- ◆ The SCFAC has recommended that a communication bulletin be developed regarding the facts and myths surrounding supportive employment, and distribute the communication to all eligible consumers and family members.

6. Division Update

- ◆ Leza Wainwright, DMH/DD/SAS Deputy Director, announced that the Center for Medicare and Medicaid Services' (CMS) approved the enhanced service definitions which will be implemented March 20, 2006. She discussed Person Centered Planning (PCP) and importance for each consumer to have a PCP but recognized that it would not be possible for every existing consumer to have a PCP in place as this transition occurs. One fundamental key behind PCP is the fact that consumers will need to determine whether their plan is working to achieve desired goals and if it is not then the consumers and family members will need to speak up and make changes in their PCP. The Division is very concerned about the effects of service changes and recognizes that the transition needs to be as transparent as possible without turmoil to the consumers. A crosswalk is being developed that will give a detailed description of each of the service definitions. For example, Community Support will be the replacement for Community Based Services (CBS) for individuals with MH/SA and it can be used in the schools. Assertive Community Treatment Team (ACTT) can not be used on the same day a consumer attends the Psychosocial Rehabilitation (PSR). All consumers and family members will receive proper notification if any services are reduced, suspended or terminated and they will have the same appeal rights as before.
- ◆ The Division is focusing on Provider issues and exploring ways to assist and support Providers seeking to provide services in the state. Once the implementation of the service definitions occurs, Providers will have one year to get their entire staff trained. The Division is also in the process of getting the certification for Peer Support Specialists in place. At least one person on ACTT and Community Support teams must be a certified Peer Support Specialist.
- ◆ Regionalization is moving forward in a positive manner. The Division has received eighteen applications from LME's to do Utilization Review (UR) and Screening, Triage and Referral (STR) services. The goal is to make the final decisions by January 31, 2006.
- ◆ The accreditation process will assist with monitoring issues and the Division will continue to make sure that service providers are being endorsed by the LMEs. In addition, the Division is considering a variety of possible solutions and alternatives for the Developmental Disability population due to CMS denying the use of Developmental Therapies.
- ◆ A SCFAC member requested an update on the status of the hospital downsizing. It was re-stated that one goal of reform is to downsize the State Psychiatric Hospitals and plans continue to close Dix and Umstead once the new hospital in Butner is completed. A presentation on the downsizing was requested and will be scheduled.
- ◆ (*comment by a SCFAC member made during this presentation) One SCFAC member mentioned that this is a critical time. The Division is addressing issues with services and other significant documents. The members need to continue to receive and actively read all the information distributed to them.

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- ◆ A SCFAC member wanted to know where the funds come from to service CBS crosswalk into CAP. Leza Wainwright states, “Folks who are on the waiver who were also receiving CBS, the money that was paying for their CBS is available to pay for additional waiver services.”

7. SCFAC Retreat

- ◆ The committee voted to have the SCFAC retreat on March 9, 2006 from 9:00 – 4:00 p.m. Maggie McGlynn, McGlynn Associates, will facilitate the day long retreat. Prior to the retreat, Ms. McGlynn will send the members a survey electronically in order to gather preliminary data. In addition, a teleconference call will be held with a few key leaders to establish their perspectives surrounding the key areas of discussion.
- ◆ The Retreat will cover:
 - Group Dynamics – Ways the committee can become a more effective team.
 - The development of an operating plan for the 2006 work year.
 - Summarization of the process and outcomes of the retreat.

8. SCFAC Model Fidelity Subcommittee

- ◆ Kathleen Herr provided visual aids, hand outs and an overview of Model Fidelity scales which are designed to objectively measure how well the practices of service providers conform to those specifically defined in the evidence-based practices.
- ◆ Multiple sources have developed evidence-based practices, their associated toolkits and fidelity scale measures. SAMSHA has defined five of these, and currently is developing others, including Supported Housing and Peer Provided Services. The toolkits and fidelity scales were developed by SAMSHA in conjunction with the Robert Wood Johnson Foundation:
 1. Assertive Community Treatment
 2. Illness Management and Recovery
 3. Family Psychoeducation
 4. Supported Employment
 5. Co-occurring Disorders: Integrated Dual Disorders Treatment
- ◆ Three recommendations were made by the sub-committee:
 1. Mandate the use of fidelity tools for evidence-based practice evaluation.
 2. Define specific fidelity scale criteria for the review of best/promising/emerging practices.
 3. Implement independent Division-level reviews using the SHAY.
- ◆ The State Health Authority Yardstick (SHAY) was also handed out and referenced in the presentation. This is a unique fidelity scale tool used to evaluate the external process and examines how the structure, policies, and practices of state mental health authorities across the country have affected the implementation of evidenced based best practices in Community Mental Health Centers across their state. The SHAY Logic Model was also presented as a crosswalk through theory to results.

9. Public Comment Time

- ◆ Barbara Richards presented follow-up information from her sub-committee regarding the six SAMHSA Toolkits and Evidenced-Based Best Practices. The

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sub-committee will present its final recommendation at the April meeting. The sub-committee is going to submit a white paper with recommendations to the Division.

10. SCFAC Newsletter

- ◆ DHHS Public Affairs approved the SCFAC Newsletter and the first copy was distributed to SCFAC members who supported the newsletter unanimously.
- ◆ The committee plans on expanding the topics, content, and local news sections in future editions of the newsletter. Distribution plans include sending the newsletter out to local CFAC chairs and advocacy organizations across the state. The newsletter can also be reviewed at www.dhhs.state.nc.us/mhddsas/scfac/index.htm.

11. State Plan 2006

- ◆ Steve Hairston, Chief of Operations and Support, distributed a Request for Proposal (RFP) regarding the “Study to Develop a Long-Range Plan for Meeting Mental Health, Developmental Disabilities and Substance Abuse Services Needs”. Proposals are due January 12, 2006.
- ◆ The SCFAC received a handout detailing the State Fiscal Year 2005-2006 Planning Team Responsibilities. The timeline identifies tasks, due dates, and Division staff assigned to each project. Once the 2005-2006 State Plan is completed, the public comment period will allow for a forty-five day time period to submit recommendations and feedback to the Division.
- ◆ The SCFAC made the following recommendations regarding the 2005-2006 State Plan:
 1. The use of laymen terms and access to large print copies.
 2. Identify the new best practices that are available and publish a state list of evidenced based best practices which the state is endorsing.
 3. Provide a published list of the fidelity scales used to monitor evidenced based best practices.
 4. Look at prevention issues.
 5. Include Provider Profiles and LME Profiles.
 6. Complete and publish the best practices for developmental disabilities.
 7. Review the possibility of a DD Waiver.
 8. List ways to improve the performance across the system.
 9. Produce a visual picture book for the DD population.
 10. Consumers need to be assured that they have consumer choice and a selection of quality providers of services.

12. Letter Supporting Secretary Odom’s LME Cost Efficiency Proposal

- ◆ The SCFAC members revisited the motion that was passed at November’s meeting instructing the SCFAC Vice-Chair to draft a revised response affirming the SCFAC’s endorsement of the Secretary’s proposal. The committee members are canceling the disbursement of the letter due to the group’s untimely response.

13. Next Meeting

- ◆ The next meeting is scheduled for February 9, 2006, from 9:30 A.M. – 3:30 P.M. and will be held at the Dorothea Dix Hospital Campus in the Royster Building in Room 116.

14. February Meeting Agenda

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- ◆ Approval of the Agenda.
- ◆ Approval of the January meeting minutes.
- ◆ Two public comment periods.
- ◆ ELT Update.
- ◆ Division Update.
- ◆ Development of the new Division Web Page.
- ◆ Discussion of the March SCFAC Retreat.
- ◆ Discussion of SCFAC Priorities for 2006